| **Hazards** | **Is the hazard present?****Y/N** | **What is the risk?** | **Risk rating****H = High****M = MediumL = Low** | **Control measures** | **Is this control in place?****Y/N** | **If no, what actions are required to implement the control?** | **Person responsible** | **Date action completed** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact with bladeNote: This machine is classed as a “high riskwoodworking machine” under health and safety Regulations**[Ref.S.I. No.36 of 2016]** |  | Amputation | H | The top blade guard should be adjusted to the lowest position possible to ensure the blade is guarded to the maximum possible extent |  |  |  |  |
| H | The remainder of the blade other than that exposed for cutting should be enclosed with a guard removable only with the use of a tool or alternatively be fitted with an interlocking guard mechanism |
| H | The stop control is more prominent than the start control to facilitate ease and speed of access when it is necessary to turn off the machine |
|  |  |
| H | Machine is fitted with an emergency stop control (usually red domed mushroom type head on yellow housing) in an appropriate location, which is easily accessible in an emergency |
|  | The emergency stop works |
| H | The flap type[14] emergency stop control (flap- stop is a normal start and stop contact, which is equipped with a yellow flap and red mushroom- type push buttons, covering both the start and stop contacts) **is not acceptable** where there is a need for an emergency stop |
| H | In the event of power supply interruption, automatic restart is prevented after restoration of the power supply |
| H | Ensure that the run-down time of the machine is not in excess of 10 seconds |

 [14]Flap Type Emergency Stop Control



| **Hazards** | **Is the hazard present?****Y/N** | **What is the risk?** | **Risk rating****H = High****M = MediumL = Low** | **Control measures** | **Is this control in place?****Y/N** | **If no, what actions are required to implement the control?** | **Person responsible** | **Date action completed** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Kick back |  | Injuries resulting from kick back i.e. laceration | H | Saw blade should be good condition and has full set of teeth |  |  |  |  |
| Contactwith drivemechanism |  | Contact withtransmissionbelts, pulleysor motor | H | Ensure fixed guard is in place on transmissionbelt/belts and motor |  |  |  |  |
| Direct contact with moving parts- general hazards |  | Injuries due to contact with moving partse.g. laceration, amputation, bruising, fracture and burns | H | Before use a visual check should be carried out to ensure where applicable all guards and covers are fitted, in good order and there are no visible faults |  |  |  |  |
| H | Machine is used in compliance with manufacturer’s instructions |
| H | Dangling jewellery is prohibitedNo gloves, rings or loose clothing is worn |
|  |  | H | Long hair is tied back |
| Contact |  | Entanglement, | H | Safe operational areas should be marked out |  |  |  |  |
| by persons | lacerations, |  | clearly around machines |
| other than | amputation of |  |  |
| the operator | body parts |  |  |
| with moving |  |  |  |
| machinery |  |  |  |

| **Hazards** | **Is the hazard present?****Y/N** | **What is the risk?** | **Risk rating****H = High****M = MediumL = Low** | **Control measures** | **Is this control in place?****Y/N** | **If no, what actions are required to implement the control?** | **Person responsible** | **Date action completed** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Electric shock, electrocution, burns, death |  | Electric shock/ fire/ burns | H | Visual check carried out prior to use |  |  |  |  |
| H | Machines are serviced by a competent person and service records kept as part of the maintenance schedule |
| H | Defective electrical equipment shall be clearly identified, labelled as out of use and stored separately to prevent accidental use. Ensure all faults are recorded in log book. Ensure any previous faults have received attention. Report defects to person in control of workplace to ensure all items are repaired or replaced |
| H | The operation of the RCD is checked by pressing the test button regularly and the RCD is tested periodically by a competent person to ensure that it operates at correct leakage current (leakage current not exceeding 30 mA in a time of not more than 0.3 seconds) |
| H | Cables are checked to ensure they are free from damage, do not have any non-standard joints or show any signs of overheating |
| H | Equipment is disconnected or isolated when not in use |
| Unsupervised use of Hand Fed Table Band Saw machines |  | Unsupervised use leading to injury | H | Use of this machine is restricted-to authorised teachers |  |  |  |  |
| H | Machinery to be used by teachers only should be clearly identified |
| Unsecured machine / unsecured work piece |  | Movement of machine/ workpiece leading to injury during use | H | Machine securely fixed to the floor or bench and appropriate clamps/jigs in place to ensure that work pieces are secured, where applicable |  |  |  |  |
| Noise |  | Hearing damage | M | Noise measurements are carried out where necessary by a competent personWarning signs are in place beside noisy equipment and are visibleHearing protection is worn where necessary |  |  |  |  |

| **Hazards** | **Is the hazard present?****Y/N** | **What is the risk?** | **Risk rating****H = High****M = MediumL = Low** | **Control measures** | **Is this control in place?****Y/N** | **If no, what actions are required to implement the control?** | **Person responsible** | **Date action completed** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Inadequate signage |  | Inadequate information and warnings leading to unsafe use of machine and injury | M | Warning signs are prominently located and maintained in good conditionThe operator’s manual is available |  |  |  |  |
| Flying fragments |  | Eye/facial injury | H | Safety glasses are worn |  |  |  |  |
| Dust |  | Dust inhalationRespiratory problemsEye irritation | H | Machine is fitted to a suitable dust extraction device system when in use,e.g. local extraction unit or central extraction unit |  |  |  |  |
| H | Exposure to all wood dusts (hard and soft woods) is strictly controlled i.e. dust levels are kept well below the relevant occupational exposure limit values (OELVs)[15] |
| H | Respiratory protective equipment (RPE) is used during change of filter bag e.g. CE marked disposable filtering face piece respirator FFP2 (as long as all other controls are working effectively, and they are well below the OELV) |
| H | Housekeeping is maintained to a high standard to ensure control of any residual dust |
| Ingestion of contaminated material |  | Poisoning or ill health | M | Food and drink are prohibited in working area |  |  |  |  |

 15 See HSA Code of Practice for the Safety, Health and Welfare at Work (Chemical Agents) Regulations 2018

| **Hazards** | **Is the hazard present?****Y/N** | **What is the risk?** | **Risk rating****H = High****M = MediumL = Low** | **Control measures** | **Is this control in place?****Y/N** | **If no, what actions are required to implement the control?** | **Person responsible** | **Date action completed** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Exposure tohazardoussubstanceswhen cleaningblades(dependson cleaningprocess) |  | Severe cutseye andrespiratoryinjury | M | Cleaning of blades is carried out usingappropriate personal protective equipment (PPE)and following best practice guidelines providedby manufacturer. Use non-hazardous cleaningsubstances if possible. |  |  |  |  |
| Contactwith otherhazardousmaterials |  | Exposure tohazardousmaterials | M | Personal hygiene is promoted (washing of hands,use of barrier creams etc.) |  |  |  |  |

If there is one or more **High Risk (H)** actions needed, then the risk of injury could be high and immediate action should be taken.

**Medium Risk (M)** actions should be dealt with as soon as possible. **Low Risk (L)** actions should be dealt with as soon as practicable.

Risk Assessment carried out by: Date: / /

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